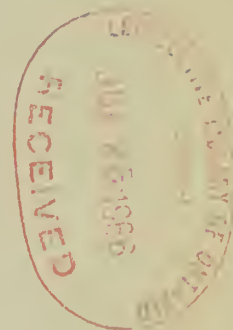


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SELECT
COMMITTEE
ON
AUTOMOBILE
INSURANCE



Interim Report

MARCH, 1961



LEGISLATIVE ASSEMBLY
OF ONTARIO

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Interim Report of the Select Committee
appointed on April 5th, 1960
to examine into and to report
on all matters relating to persons
who suffer financial loss or
injury as a result of motor vehicle
accidents.
March, 1961.

THE SELECT COMMITTEE ON AUTOMOBILE INSURANCE

INTERIM REPORT

On April 5, 1960, the following resolution was adopted by the Legislative Assembly:

"That a Select Committee of the House be appointed to examine, investigate, enquire into, study and report on all matters relating to persons who suffer financial loss or injury as a result of motor vehicle accidents and, without restricting the generality of the foregoing, including all matters relating to:

1. Financial responsibility of operators and owners of motor vehicles;
2. The payment of claims inclusive of unsatisfied judgments and others, and also including the operation and coverage of the Unsatisfied Judgment Fund;
3. All aspects of compulsory automobile insurance and other related and relevant plans, including the experience of other jurisdictions;
4. The operation of existing legislation and procedures in Ontario;

And to make such recommendations as are deemed advisable with respect thereto;"

The following were appointed members of the Select Committee:

Hon. James N. Allan,	M.P.P.,	Chairman
Mr. Keith Brown,	M.P.P.	
Mr. A. H. Cowling,	M.P.P.	
Mr. J. F. Edwards,	M.P.P.	
Mr. George Gomme,	M.P.P.	
Mr. Jules Morin,	M.P.P.	
Mr. Donald H. Morrow,	M.P.P.	
Mr. J. R. Simonett,	M.P.P.	
Mr. Vernon M. Singer,	M.P.P.	
Mr. T. D. Thomas,	M.P.P.	
Mr. Ross Whicher,	M.P.P.	
Mr. Harry Worton,	M.P.P.	

Subsequently, Mr. T. M. Eberlee was appointed Secretary of the Committee; Mr. Morris Earl, Registrar of Motor Vehicles, and Mr. R. H. Humphries, Senior Solicitor in the Department of Transport, were named advisers.

Summary of Recommendations

The Committee has examined in detail the existing arrangements in Ontario for the indemnification of victims of motor vehicle accidents, as well as typical examples in Canada and the United States of alternative plans.

The Committee is, of course, firmly of the opinion that the public should be protected as completely as possible against losses arising out of motor vehicle accidents. It is, however, unable to say at this time whether that objective can best be achieved by the retention of Ontario's present arrangements, with modifications, or by the adoption of features of a number of alternative schemes, including compulsory insurance, a compensation plan, a safety responsibility law or the impoundment of uninsured vehicles involved in accidents.

The Committee's studies indicate, for example, that the percentage of insured vehicles on the roads of Ontario might be increased from the present 91 per cent to a higher figure through changes in the Province's existing insurance arrangements and requirements or through the adoption of provisions of any of the foregoing alternative schemes. But more time and more investigation are required before the Committee can say what course of action is, in its opinion, best suited to the needs of Ontario's people.

Technical studies should be made of the cost of administering alternative plans, particularly a compulsory plan, and of the effect which the latter might have on insurance premiums in Ontario. Actuarial studies should be made of the cost of operating a compensation plan which would make indemnity payments regardless of fault.

The Committee feels that the practicability of any scheme, including all the costs involved, as well as the problems of enforcement and administration, is tied up inextricably to the question of its desirability. Therefore the Committee believes that a good deal of detailed work and study must be put into determining the practicability for Ontario of any of these plans before the desirability of adopting one of them can definitely be stated.

Accordingly, the Committee expresses the hope that the Legislature will see fit to renew its mandate so that it may continue its studies along the lines indicated here and in the following sections of the report.

Respectfully submitted,

James N. Allan
Keith Brown
A. H. Cowling
J. F. Edwards
George Gomme
Jules Morin
Donald H. Morrow
J. R. Simonett
Vernon M. Singer
T. D. Thomas
Ross Whicher
Harry Worton

Parliament Buildings, Toronto,
March 20, 1961.

Introduction

The motor vehicle (2,000,000 of which are registered today in the Province of Ontario) is one of the many things modern man finds difficult to live without—and, all too frequently, difficult to live with. It has conferred tremendous benefits on him, but it has also given him some extremely complex economic and social problems, not the least being the provision of remedies for losses arising from motor vehicle accidents.

Over the past five or six decades, since the advent of the motor vehicle, innumerable plans, based in general on the insurance principle, have been developed by private enterprise or by government to provide indemnification for the victims of such accidents. During the last 30 or 40 years, studies have been undertaken in many jurisdictions, often by bodies similar to this Committee, to determine the adequacy of existing remedies. The last such official study in this Province occurred some 30 years ago when a Royal Commission was set up under Mr. Justice Frank Hodgins with terms of reference closely paralleling those given to this Committee. The report of the Hodgins Royal Commission laid the foundation for the indemnification arrangements now in operation in Ontario. Since then, Ontario's plan has been kept under constant review and scarcely a year has passed without new provisions being authorized by the Legislative Assembly or the Lieutenant-Governor in Council.

As soon as it was appointed, this Committee undertook a thorough examination of the present Ontario plan with the assistance of officers of the Insurance, Transport and Attorney-General's Departments. It also held sessions with representatives of the insurance industry to explore the coverages provided by them and, in particular, by the Ontario Automobile Assigned Risk Plan.

In accordance with the Legislature's instructions, the Committee also examined the operation of compulsory automobile insurance and other related and relevant plans in jurisdictions both in Canada and the United States. It visited Massachusetts, New York and New Jersey, Manitoba, Saskatchewan and Alberta and held discussions with officials administering the plans in those jurisdictions, as well as with representatives of the insurance industry, the bar associations, the automobile clubs and others interested in the subject. The members of the Committee are grateful for the time so generously placed at their disposal and for the assistance rendered by all those interviewed in Canada and the United States (A list of the individuals interviewed appears in Appendix A).

Through advertisements in the press of the Province, the Committee invited written submissions on the matters set forth in the terms of reference. Briefs were received during September and public hearings were held in October and November. (A list of those submitting briefs appears in Appendix B.)

PART A

The Ontario Plan

At the present time, approximately 91 per cent of the motor vehicles registered in Ontario are insured for public liability and property damage in at least the statutory minimum limits available from the insurance companies and the Assigned Risk Plan—\$10,000 for injury or death to one person, \$20,000 for injury or death to two or more persons and \$5,000 for property damage. A substantial proportion of owners carry coverages well in excess of these minimum limits, plus collision, comprehensive and other extra coverages. While the existing statutory minimum limits are no lower than those in any other jurisdiction, including compulsory insurance jurisdictions, the Committee believes that careful consideration should be given to the question of whether they are high enough for present conditions.

Ignoring all the complexities involved in the concept of negligence, it can be said that in general, when injury or property damage results from a two-car accident in Ontario (and in most jurisdictions), only the party who is not at fault receives any indemnification and it is paid by or on behalf of the party who is at fault. There is no recovery for the injury or property damage suffered by the negligent party. It must be conceded that the determination of negligence is becoming an increasingly difficult problem in this age of speed and traffic congestion. The Committee feels that the principle of liability for fault deserves a searching assessment in view of the growing problems associated with its application. Another problem arising out of the existing law in Ontario is the fact that no gratuitous passenger in the vehicle of the negligent party is entitled to any recovery. The Committee believes it important to consider the desirability of giving a right of recovery to gratuitous passengers upon a finding of gross negligence or wanton and wilful misconduct on the part of a driver.

Motor vehicle owners in Ontario are not required to carry public liability or property damage insurance unless they become involved in certain situations which will be described in the next section, Financial Responsibility Requirements. On the other hand, the motorist who is so unwise as to operate a vehicle without insurance must pay a fee of \$5 to the Unsatisfied Judgment Fund before he may register it. This provision has served in recent years to influence a large number of motorists to protect themselves with insurance voluntarily and has helped to increase the percentage of insured vehicles on Ontario's streets and highways to the present level of 91 or 92 per cent.

Automobile coverages are, at the present time, available to most (but, for various reasons, not all) of Ontario's motor vehicle owners. There are nearly 200 insurance companies doing business in the Province. In addition, the companies themselves have set up The Ontario Automobile Assigned Risk Plan (which will be discussed in detail in a later section) to provide insurance for certain classes of applicants who are unacceptable to the regular companies by reason of their being considered poor risks.

The Committee explored in a general way the cost of insurance in the Province and the subject of rate-making. While the companies are required to file with a statistical agency, named by the Superintendent of Insurance, data relating to their premiums, loss and expense experience at the end of each insurance year, the Superintendent has no formal power to control their premium rates. His jurisdiction is confined to matters involving policy terms and conditions, as well as to the financial solvency of the companies licensed to do business in Ontario.

The Ontario Insurance Act contains three sections (311, 312 and 313), passed in the early 1920's, but never proclaimed, which would give the Superintendent power

to order an adjustment of the rates for automobile insurance whenever it is found by him, following a hearing, that such rates are excessive, inadequate, unfairly discriminatory or otherwise unreasonable. The Committee has been advised by the All Canada Insurance Federation, an organization which represents the interests of most of the automobile insurance companies operating in Ontario, that its directors favour the inclusion in The Insurance Act of certain provisions which would give the Superintendent some authority over the rates charged by insurers. They do not, however, favour the adoption of the unproclaimed sections mentioned above.

No evidence has been adduced before the Committee to suggest that the companies are overcharging the motorists of Ontario, but the Committee nevertheless believes that a study of the general automobile insurance rates in effect in the Province would be desirable and recommends that it be given the opportunity to undertake this during the coming year.

Financial Responsibility Requirements

(See Part 12, Sections 109 to 127 of The Highway Traffic Act)

As noted earlier, the Ontario motorist may register his vehicle without showing proof of financial responsibility unless he becomes involved in certain law violations connected with the operation of his vehicle. If he is convicted of any Highway Traffic Act offence involving personal injury or property damage, any Highway Traffic Act offence in which the penalty imposed includes suspension of driving privileges or any of the following Criminal Code offences: criminal negligence, motor manslaughter, failing to remain, ability impaired, drunk driving, his driver's license and owner's permit are automatically suspended. The suspension remains in effect until the motorist shows proof of financial responsibility by way of a bond, cash guarantee or an automobile insurance policy in the basic amounts of \$10,000, \$20,000 and \$5,000.

On the other hand, if a person is insured at the time he is convicted of a minor offence involving an accident, he is not required to show proof of financial responsibility for the future. This provision is calculated to encourage motorists to become insured voluntarily, but one of its drawbacks is that a motorist's insurance may be cancelled by his company after the conviction and he may then drive without insurance. The Highway Traffic Act also requires that proof of financial responsibility must be shown by a person who has been committed for trial on one of the foregoing offences.

Where a person fails to satisfy an automobile accident judgment rendered against him, his right to operate his motor vehicle is also withdrawn. This suspension stands until some arrangement is made to pay the judgment and until the judgment debtor shows proof of financial responsibility for the future.

The law empowers the Minister to waive the requirement of filing proof of financial responsibility after two years have elapsed, providing the individual has not, in the meantime, been convicted of a further offence requiring the filing of proof and also providing no action for damages is pending and no judgment is unsatisfied.

Further power is given to the Minister, but it has never been used, to require proof of financial responsibility from any motorist under 21 or over 65 or from any person who, in the Minister's opinion, ought to be required to file such proof.

Two main objectives underlie the provisions of Ontario's financial responsibility plan: The first is to assist the innocent victims of motor vehicle accidents to

collect damages; the second is to encourage safe driving and remove the irresponsible driver from the road. In 1959, almost 22,000 drivers were required to show proof of financial responsibility before they could return to the roads. About 47 per cent did so.

Unsatisfied Judgment Fund

In 1947, the Unsatisfied Judgment Fund was established to provide indemnification for the victim of an uninsured motorist who was unable to satisfy a judgment rendered against him for damages arising out of an accident. It was also designed to provide indemnification for the victim of a hit-and-run accident in which personal injuries occurred, and for the victim of a stolen or out-of-province vehicle.

Financed through a \$1.00 fee levied on every driver's license issued in the Province, plus an extra \$5.00 fee payable by every uninsured owner, the fund makes payments to unsatisfied judgment creditors up to a maximum of \$10,000 for death or injury to one person, \$20,000 for death or injury to two or more persons and \$2,000 for property damage. Similar limits apply in unsatisfied judgment funds of other jurisdictions. The uninsured party on whose behalf the fund makes a payment to a judgment creditor is required to reimburse the fund, and until he does so, or at least makes an arrangement to repay by instalments, his driver's license and owner's permit remain suspended. Beginning in 1947 as a fund of last resort, the U.J.F. has undergone numerous relaxations and refinements designed to make it easier for a judgment creditor to secure compensation. In a later section, the fund will be discussed in detail and will be compared with the funds operating now in such jurisdictions as New Jersey, Manitoba and Alberta.

* * * * *

In many respects, the principal difference between Ontario's present arrangements and the compulsory insurance plan which exists, for example, in New York State is one of degree. In Ontario's arrangements, there are many compulsory or semi-compulsory features. The operators and owners of for-hire carriers (freight and passengers) are compelled to carry public liability and property damage coverages. Persons who have been convicted of certain offences or become involved in certain accident situations are compelled to be insured before they can use their vehicles again.

While Ontario's scheme gives a person who is outside these categories the right to be unwise enough not to insure himself against the possibility of an auto accident, it also contains strong incentives designed to convince him that the best course to follow is to obtain insurance voluntarily. Such incentives are: the knowledge that he may be in debt to the Unsatisfied Judgment Fund for the rest of his life if he causes an accident while uninsured and that he won't be able to drive until he starts repaying the fund; the knowledge that his driving privilege will be suspended until he files proof of financial responsibility if he is convicted of certain offences while uninsured; the \$5.00 fee levied on an uninsured motorist by the Unsatisfied Judgment Fund.

The net result of these features, coupled with the prudence of the vast majority of the people of Ontario, is that today most innocent victims of accidents in this Province can obtain a measure of indemnification for their damages. On the other hand, the members of the Committee are unanimous in believing that it is desirable for as many motorists as possible to be capable of remedying any damages they may cause through their operation of a motor vehicle. This view stems from a desire not only to protect the victims of such damages, but also to shield motorists themselves from the dire consequences of being uninsured. How these twin objectives can be attained is, of course, the central concern of the Committee and a question which demands a great deal more consideration before an answer can be suggested.

PART B

Safety Responsibility Plans

The State of Connecticut was the first North American jurisdiction to enact financial responsibility legislation designed to enforce a measure of indemnification for the victim of an automobile accident. Connecticut's 1925 Statute required a motor vehicle owner who was convicted of reckless or drunk driving, or who was involved in an accident where personal injury or property damage exceeded \$100, to prove his ability to respond in damages for a judgment rendered against him or lose his right to operate his vehicle.

This was the basis for the legislation subsequently adopted in Ontario and in many Canadian and U.S. jurisdictions. During the late 1930's, most provinces and states parted company with Ontario and, while Ontario went on to evolve its present financial responsibility plan, these other jurisdictions proceeded to adopt variants of a feature known as The Safety or Security Responsibility Plan. The Committee examined typical examples of The Safety or Security Responsibility Plan in New Jersey, Manitoba and Alberta and was much impressed with their effectiveness in increasing the number of financially responsible motor vehicle owners.

* * * * *

The administration of the basic financial responsibility legislation enacted by Connecticut in 1925 soon revealed a serious defect in its operation: the more financially irresponsible a motorist was, the more likely he was to escape the consequences of financial irresponsibility, and stay on the highway. It had been assumed when the legislation was enacted that uninsured and financially irresponsible motorists would be identified and thus eliminated from the road by the entry of uncollected or uncollectable judgments against them. What actually happened was that an accident victim examined the financial status of an uninsured person before filing suit against him and, if there appeared to be no possibility of recovery, he simply did not proceed against him. Thus, the more financially irresponsible motorist escaped identification.

The Safety or Security Responsibility Plan plugged this loophole by establishing the following procedures when an accident involving death, personal injury or property damage (exceeding a specified amount) occurred:

1. Every motorist, regardless of fault, is required to report the circumstances of the accident to the motor vehicle licensing authority.
2. The authority assesses the value of the personal injury or property damage in the accident.
3. The authority requires the motorist to show proof that he can pay for the losses in the amount evaluated by the authority.
4. This proof may be (a) an insurance certificate showing that the motorist was insured up to certain limits for public liability and property damage (generally \$10,000/\$20,000 and \$5,000) at the time of the accident or (b) cash or securities deposited with the licensing authority and equal to the amount of the damages evaluated by the authority. The cash or securities will be returned to the depositor when a year has elapsed and he has neither paid nor agreed to pay any sum as damages and has not been sued, or when judgment is in his favour.

5. The vehicle owner's right to drive his vehicle is withdrawn if he cannot prove his ability to meet the damages by way of an insurance certificate or a deposit of money or securities. This suspension remains in force until the required cash or securities are deposited or until two years have elapsed without suit or until evidence of release or final adjudication of non liability or agreement for instalments has been filed. This does not apply where the vehicle involved in the accident was stolen or parked or where the accident involved one vehicle only.
6. The owner is required to maintain proof of financial responsibility for three years following the accident.

New Jersey

This is the general pattern of the present plan in operation in New Jersey. In addition, of course, New Jersey has established an unsatisfied judgment fund to provide indemnification for the victims of those motorists who neither have insurance nor can deposit cash or securities to cover the damages they have caused. New Jersey's arrangements and particularly the regulations of its unsatisfied judgment fund (which will be discussed later) have been quite effective in increasing the percentage of voluntarily insured motorists. The Committee was advised by New Jersey officials that at least 93 per cent of the vehicles registered in the state are insured at the present time.

Manitoba

Similar safety responsibility legislation exists in Manitoba, although that Province has incorporated into it an additional feature which undoubtedly serves as a further compelling incentive to motorists to insure themselves before venturing on the road.

A motorist in Manitoba who does not have insurance and consequently cannot produce a special liability insurance certificate, or "pink card", runs the danger that if he is involved in an accident—whether or not he is at fault—he will have his vehicle impounded on the spot by a police officer.

The vehicle will be released only if (1) the uninsured deposits with the Registrar of Motor Vehicles money or security sufficient to cover what the Registrar believes may be any claims arising out of the accident or produces proof that damage claims against him have been satisfied or (2) one year has elapsed from the time of the accident and the owner has not been called upon to meet any damages.

The Manitoba law also requires the suspension of drivers' licenses and owners' permits for failure to file security when involved in an accident; for failure to pay a judgment arising out of an accident; for failure to file proof of financial responsibility for the future upon conviction for certain offences. Where such proof is required, it must be maintained indefinitely.

Manitoba has an Unsatisfied Judgment Fund which is basically similar to the original Ontario Unsatisfied Judgment Fund but which does not cover property damage.

The Manitoba plan has won wide support, particularly from the insurance industry, which sees the Safety Responsibility Law, with the impoundment feature, as the best of all existing alternative schemes. Officials interviewed by the Committee

in Manitoba stated that their safety responsibility provisions, and particularly the impoundment provision, had brought about a very significant increase in the number of insured vehicles. They estimated that approximately 97 per cent of the vehicles involved in accidents in the Province are insured and they took this to mean that a similar percentage of all registered motor vehicles are insured.

Alberta

Except in a few details, the Alberta plan is similar to Manitoba's.

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There are a number of problems associated with the Safety or Security Responsibility Plan which the Committee believes call for further study. Once an accident occurs, the plan's provisions bear with equal severity upon the uninsured, non-negligent motorist as upon the uninsured party who is at fault. The justice of this situation might well be open to argument. Before expressing an opinion on the Safety Responsibility principle, the Committee feels it needs to know more about the administration costs involved in running such a plan in Ontario. In connection with the impoundment feature, two questions require further study: its practicability in a Province as large as Ontario with such a tremendous vehicle registration; and its effect upon the tourist industry—whether its adoption would frighten away tourists from other U.S. and Canadian jurisdictions.

PART C

Compulsory Insurance

(1) Provided by Private Insurers

The Massachusetts Plan

Since 1927, every motorist in the Commonwealth of Massachusetts has been required to show proof of financial responsibility before he is permitted to register and drive a motor vehicle. Minimum limits of financial responsibility are \$5,000 and \$10,000 for public liability, with no requirement for property damage. Insurance is available from some 150 private companies and is coterminous with the expiry of the motor vehicle registration. There is no unsatisfied judgment fund or similar provision for the victims of uninsured vehicles, and this is undoubtedly a serious omission in the State's plan.

Premium rates in Massachusetts vary according to the area of the State in which the vehicle is garaged and according to the use being made of the vehicle. They are actually set by the State Commissioner of Insurance, on the basis of statistical data submitted to him by the insurance companies each year. The companies recommend to the Commissioner the rates they believe should be established, but the Commissioner is not bound to accept them and in most cases apparently ignores them. The companies have the right to appeal to the State Supreme Court against the rate set by the Commissioner and have done so three or four times. From time to time, the rates have become issues in state elections.

The history of compulsory insurance in Massachusetts is not a happy one. The Committee encountered a singular lack of enthusiasm for their plan on the part of those officials interviewed in Boston last June. The opinion of the officials was similar to the view expressed by the Special Commission of the State Legislature which studied the State's motor vehicle and insurance laws in 1959 and made this comment on page 17 of its report: "The cost of compulsory insurance in Massachusetts has long been the primary source of most of the public irritation and misunderstanding over the system's operation." At page 43, the Commission laid the blame for Massachusetts' relatively high premium rates to the fact that the State experiences an "unusually high claim frequency." The Commission argued that, "Insurance rates climb hand-in-hand with rising claim consciousness under a compulsory system in which it is common knowledge that every motorist is insured". At page 46, the Commission stated, "There can be no question but that the inducement to file a claim on the slightest provocation, or even on no grounds at all, is inherent under a compulsory insurance system."

Undoubtedly many of the defects pointed out to the Committee in the Massachusetts plan are peculiar to the Massachusetts plan itself and could be corrected if the political climate in the State were favourable to the necessary changes. While the Committee is not particularly impressed with the Massachusetts compulsory insurance plan, it does not wish to pass judgment on the principle of compulsory insurance merely on the basis of what it learned in Massachusetts.

New York

After experimenting with a Safety Responsibility Plan, New York in 1957 introduced a compulsory law which requires a motorist to show proof of liability insurance to the extent of \$10,000 and \$20,000 for bodily injury and \$5,000 for property damage

before he can register his motor vehicle. Insurance must be maintained throughout the registration period. In the event of coverage being cancelled for any reason, the motorist must surrender his owner's permit and registration plates. Insurance companies cancelling policies are required to give ten days' notice to the insured and must notify the licensing authority of all cancellations or terminations within thirty days of the effective date of the cancellation. This, of course, results in some motorists driving without insurance for a period of time before the State catches up with them. The New York law applies to non-residents in the same manner as to residents.

The costs of administration of the law are charged back on a pro rata basis to all the insurance companies in proportion to the amount of their liability insurance premiums. The total cost is in the neighbourhood of \$3½ million. Premium rates in New York are established by the companies, subject to the approval of the Insurance Commissioner.

It was recognized in New York from the outset that compulsory insurance would not guarantee indemnification for the victims of hit-and-run accidents or of accidents involving uninsured or out-of-state motorists. Accordingly, the Motor Vehicle Accident Indemnification Corporation was established to perform a function similar to that of an unsatisfied judgment fund. Every automobile insurance company in the State is required to be a member of the corporation, which operates as a non-profit agency. If a person is involved in an accident in which he is not at fault, and there is no possibility of his recovering damages, he may apply to the corporation for indemnification. The corporation investigates and, where warranted, pays the damages incurred up to the limits of \$10,000 and \$20,000. With the exception of claims under \$2,000, the action must proceed to judgment. The corporation does not entertain property damage claims.

The corporation's expenses and damage payments are defrayed by the insurance companies. They are passed on to motor vehicle owners through an additional \$2.00 premium charge attached to each insurance policy. This special premium does not, however, meet the companies' full cost of contributing to the plan since the operation of the plan actually costs the companies \$3.00 per insured vehicle registered in the State.

According to the officials who are administering New York's compulsory insurance law, its chief drawback at the present time is that expiration of insurance has not been made coterminous with the expiration of vehicle registrations. As a result, there are some uninsured motorists on the highways. Another technical defect lies in the fact that the motor vehicle department is not equipped to process cancellation and termination notices with sufficient speed to guarantee that uninsured persons will be put off the roads immediately.

The New York plan has not been in operation for a long enough period to determine whether it has caused insurance premium rates to rise. Premiums have climbed higher, year by year, but it is probable that they would have risen without the compulsory plan. On the other hand, the Committee was advised that the claim frequency has jumped upward since compulsory insurance came into effect and there is a strong supposition that this will be reflected in higher premium rates. Indeed, within the last two months, an upward revision has been announced in rates applying to a number of classes and locations. The net effect of these revisions is to bring in an additional \$34,000,000 in premium revenue.

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At first glance, the Committee is much more impressed with the New York plan than with the compulsory scheme in Massachusetts. New York appears to have profited by Massachusetts' experience and to have avoided many of the pitfalls which are causing dissatisfaction with the latter's plan. However, a number of questions arise in connection with compulsory insurance, questions which, the Committee believes, require further study before the principle of this type of compulsory insurance plan can be properly assessed.

One such question has to do with the setting of premium rates and what appears to be a prime requirement of a compulsory plan, namely that rate-making must be closely controlled by the governmental authority. In rate-making under a compulsory plan, do the normal processes of actuarial science, the market place and competition tend to be set aside in favour of the political processes?

If any insurance plan actually can promote safe driving, does a compulsory plan in which everybody is insured promote it to the optimum extent?

Under a compulsory plan, does claim frequency automatically climb and do insurance rates automatically rise? If they do move upward, is the higher cost justified?

Similarly, is the higher cost of operating and administering a compulsory plan justified by the results obtained from such a plan, as against the results obtained from a financial responsibility or safety responsibility plan?

These questions cannot be answered without further technical studies, which the Committee seeks authority to undertake.

(2) Compulsory insurance provided by a government agency

The Saskatchewan Plan

Compulsory insurance in Saskatchewan is a combination of three different forms of coverage: The first is compensation for death or injury, or conditions arising from injury or bodily impairment, payable to any person involved in an accident, regardless of fault. (This form of indemnification, which is similar in principle to workmen's compensation, will be discussed in detail in the next section.)

The second feature of Saskatchewan's compulsory plan is "comprehensive insurance" which covers a motorist against direct and accidental loss of or damage to his vehicle and its equipment, collision, upset, fire, theft, flood, hail, riot, etc., with a \$200 deductible for private passenger cars and higher deductibles for other vehicles. Payment for damages under the comprehensive coverages is based on contract, rather than on fault, subject to certain exceptions such as when the driver is intoxicated, unlicensed, etc.

The third form of coverage is public liability insurance, with payment based on the fault liability of the insured, in the amounts of \$10,000/\$20,000 and \$5,000. Payment under this coverage is made only for that part of a liability award which exceeds the amount already received by the claimant from his personal-injury compensation coverage. The public liability or third-party liability coverage also protects the Saskatchewan motorist against claims that may arise if he is involved in an accident outside his province. The victim of a hit-and-run driver or a stolen car can take action against the Saskatchewan Government Insurance office for recovery of damages under the third-party coverage if payments to him under the personal-injury compensation coverage are insufficient to meet his losses.

The three foregoing coverages are provided by the Saskatchewan Government Insurance office and must be purchased at the time the vehicle is licensed. Indeed, the license itself serves as the insurance policy and it is impossible to get it without also securing the insurance. In addition, every driver pays a \$2.00 premium when he secures his driver's license. Persons who wish coverages in excess of the basic compulsory covers can obtain them either from the government-owned insurance office or from private insurers.

Saskatchewan's present three-pronged attack on the problem of indemnifying the victim of a motor vehicle accident (whether or not he caused the accident) has been developed since 1946 when the personal-injury compensation feature was introduced. At the time of the government's entry into the insurance business, only 10 per cent of the relatively small number of vehicles on Saskatchewan's roads were insured. The Committee was advised by Saskatchewan officials that the private insurance business in the province was even smaller in 1946 than it is today, despite its present restricted scope. Consequently, the government was able to introduce the plan without effecting too great a degree of economic disruption, a matter which would have to be weighed very carefully in Ontario before any judgment could be passed on the practicability of this kind of plan for Ontario's situation.

The Committee has been unable, thus far, to determine whether conditions in the Province of Ontario would make this type of scheme workable here, how much it would cost and what effect the entry of the government into the insurance business would have on the lives and livelihood of a great many people connected with the existing private insurance industry. The questions raised in connection with the New York and Massachusetts plans are equally relevant to the Saskatchewan plan and they demand answers before a definite opinion on the Saskatchewan plan's value to the people of Ontario can be stated.

PART D

Compensation without Regard to Fault

As has already been noted, the only North American jurisdiction to adopt an indemnification plan which makes payments to the victims of accidents regardless of fault is the Province of Saskatchewan. While this type of plan is unique and perhaps even revolutionary in that it breaks away from the traditional concept of fault liability in connection with the payment of damages for injury or death arising from automobile accidents, it is not by any means a new or recently-conceived idea. Proposals for such a plan had their genesis during the development of workmen's compensation plans, which involved a similar departure from the usual basis of fault liability in the indemnification of industrial accident victims. The first full elaboration of this type of plan was made by a Columbia University committee in 1932.

The Columbia committee proposed the imposition of liability on motorists without regard to fault, with the consequent abrogation of the ordinary rule that the motorist is not liable in damages unless he is negligent. The committee suggested that every motorist should be required to carry compensation insurance to cover this liability. In place of the usual judgment or verdict for damages, the accident victim would be entitled to compensation on a fixed scale of benefits comparable to workmen's compensation benefits. And in place of the present system of court-adjudicated redress for damages, a system of summary administration by a special board would be established. This board would be free of the restraints of common law rules of evidence and procedure.

The Saskatchewan Compensation Plan

This, in essence, is the type of plan Saskatchewan established in 1946. Every person injured in a motor vehicle accident in the province is entitled to compensation based upon the nature and extent of his injuries. Compensation is also paid to the surviving dependents of any person who dies as a result of an accident. The coverage also protects a Saskatchewan resident while he is riding in a Saskatchewan-licensed vehicle anywhere in North America. A motorist who is in breach of condition (driving while drunk, unlicensed, etc.) cannot obtain compensation for injuries, but his family will receive death benefits if he dies as a result of an accident. Neither death nor personal injury benefits are payable to residents of another province riding in a motor vehicle not registered in Saskatchewan; to persons riding in vehicles running on rails, trolley buses, fire engines and road building machines or to persons entitled to certain workmen's compensation benefits.

Death benefits are as follows:

- (a) For the primary dependent (husband, wife, children if mother and father previously deceased) - - - - - - - - - \$5,000.
- (b) For each secondary dependent (children and parents who cannot qualify as primary dependents) (maximum payment \$5,000) - - - - \$1,000.

Payments (a) and (b) to be made up to a total of no more than \$10,000 for one death.

(c) If the victim was a housewife and no death benefits are otherwise payable, \$2,000 is payable to her husband.

(d) Where a child is killed, payments are made to the parents as follows:

up to six years old -	-	-	-	-	-	-	-	-	\$	100.
up to seven years old	-	-	-	-	-	-	-	-		200.
up to eight years -	-	-	-	-	-	-	-	-		300.
up to eight years old	-	-	-	-	-	-	-	-		300.
up to nine years old	-	-	-	-	-	-	-	-		400.
up to ten years old -	-	-	-	-	-	-	-	-		500.
up to eleven years old	-	-	-	-	-	-	-	-		600.
up to twelve years old	-	-	-	-	-	-	-	-		700.
up to thirteen years old -	-	-	-	-	-	-	-	-		800.
up to fourteen years old -	-	-	-	-	-	-	-	-		900.
up to fifteen, sixteen and seventeen years old	-	-	-	-	-	-	-	-		1,000.

(e) A payment of \$250 is provided to help defray funeral expenses.

Benefits for injuries or permanent disability:

For loss of:

Function of body members with or without amputation	-	-	-								\$4,000.
Both hands - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
Both feet - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
One hand and one foot - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
Sight of both eyes - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
One hand and sight of one eye - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
One foot and one eye - - - - -	-	-	-	-	-	-	-	-	-	-	4,000.
One arm - - - - -	-	-	-	-	-	-	-	-	-	-	2,700.
One leg - - - - -	-	-	-	-	-	-	-	-	-	-	2,700.
One hand - - - - -	-	-	-	-	-	-	-	-	-	-	2,000.
One foot - - - - -	-	-	-	-	-	-	-	-	-	-	2,000.
One eye - - - - -	-	-	-	-	-	-	-	-	-	-	2,000.
Thumb and index finger - - - - -	-	-	-	-	-	-	-	-	-	-	1,000.
Thumb - - - - -	-	-	-	-	-	-	-	-	-	-	500.

Payments are made on the basis of the extent or seriousness of the impairment.

Varying sums up to \$2,000 are payable to injured persons requiring the attendance of a doctor.

For accident victims who are incapacitated to the extent that they are temporarily unable to resume their normal occupations, the Saskatchewan plan also provides payment of \$25 per week up to a maximum of 104 weeks. For partial disability, a payment of \$12.50 per week is provided for a period up to 104 weeks. Payments of \$25 or \$12.50 per week are made to housewives who are totally or partially disabled for a period up to 12 weeks.

It should be emphasized that these benefits are basic payments to which every accident victim is entitled (with certain exceptions) regardless of fault. When an accident victim collects a judgment under Saskatchewan's compulsory third party liability coverage, the amount he has received under the personal-injury compensation coverage is deducted from the judgment.

The Compensation Feature of the Alberta Unsatisfied Judgment Fund

In Alberta, any person who, through the operation of a motor vehicle driven by another person, is injured to an extent requiring hospital or medical treatment, may apply to the Registrar of Motor Vehicles for reimbursement out of the Unsatisfied Judgment Fund for hospital and medical expenses incurred. In addition, the Fund will pay for certain forms of therapy necessary to rehabilitate an accident victim. Maximum amounts payable go up to the \$10,000/\$20,000 and \$5,000 limits of the Fund. These payments can be made regardless of fault.

Where an injured party subsequently recovers damages from the negligent party in the accident, or where he recovers from a medical or hospital insurance policy, the Fund must be repaid for any amount paid out for hospital or medical expenses. In addition, where an injured party subsequently recovers a judgment from the Unsatisfied Judgment Fund for damages incurred in an accident, the amount already paid out for hospital or medical expenses is deducted from the amount of the judgment payable.

The special benefits under this compensation feature are financed out of the ordinary \$1.00 Unsatisfied Judgment Fund fee levied on every driver when he gets his operator's license.

* * * * *

The Committee is interested in the principle of compensation regardless of fault. Its departure from the traditional concept of fault-liability reflects a view, held in some quarters, that responsibility for automobile accidents rests on society as a whole, rather than on individuals, and that the task of establishing responsibility in this age of many complexities imposes too great a burden on those who settle or adjudicate claims. A compensation plan provides a measure of indemnification for a group who, under the traditional fault-liability system, are not entitled to indemnification. The normal third party liability insurance system provides nothing for the surviving dependents of the negligent party or for the negligent party himself when, as a result of his own injuries, he is disabled for life. There are other situations where the operations of the concept of negligence denies redress to individuals. It is rather surprising to the Committee that, over the years, the insurance industry has not reacted more positively in this particular area of concern.

PART E

Unsatisfied Judgment Funds

Ontario Unsatisfied Judgment Fund

While Ontario's financial responsibility law succeeded in increasing the percentage of insured vehicles on the Province's roads from about 25 per cent in the early 1930's to 65 or 70 per cent in the middle 1940's, and while it did provide for the suspension of the driving privileges of motorists who failed to pay judgments, it still left a wide gap in the arrangements for indemnifying the non-negligent victims of traffic accidents. The answer to this problem was the creation in 1947 of the Unsatisfied Judgment Fund.

At first, the rules governing the Fund were very strict. A claimant had to go to court and obtain a judgment against an individual. Then he had to exhaust all the possibilities of collecting from the individual directly, including the seizure of any assets he might possess. Failing satisfaction of the judgment by means of direct action against the individual, the judgment creditor then could obtain a court order authorizing payment from the Fund. The Fund was, in the beginning, a recourse of last resort which could be employed only when every other means of securing payment had been tried without success. The original maximum payments which could be obtained from the Fund (despite the amount of the actual judgment) were \$5,000 for death or injury to one person, \$10,000 for death or injury to two or more persons and \$1,000 for property damage. As of January 1, 1958, these limits were doubled and they now stand at the same level as the limits in unsatisfied judgment funds elsewhere. The fund also pays costs of the action as awarded by the court.

Early experience with the Fund indicated that some of its provisions were too rigorous. Thus, in 1958, the Legislature acted to speed up payment by providing that a creditor, upon recovering a judgment, could apply immediately to the Minister of Transport for indemnification without having to satisfy the Minister that the uninsured debtor had no means of payment.

Before a payment is made from the Fund a judgment must be obtained. In many cases a defendant does not see fit to defend himself, in which case the claimant must notify the Minister. On the basis of this notice, the defence is carried on by the Attorney-General's Department as solicitor for the Minister.

On the other hand, many judgments are based upon settlements arrived at by agreement of the parties themselves. In such cases, the judgments are virtual formalities. Before a consent judgment is made, however, the settlement is reviewed by the Minister's settlement committee, an unofficial body whose members are experienced insurance adjusters.

No sum of money is paid out of the Fund until the judgment has been assigned to the Minister of Transport. The Minister then assumes the right to collect from the judgment debtor. It was pointed out earlier that the judgment debtor loses his privilege of operating a motor vehicle until he makes an arrangement to repay the Fund, usually by instalments.

The Fund affords recovery in hit-and-run accidents causing personal injury or death. An application is made to the court for an order authorizing suit against the Registrar of Motor Vehicles. If the court is satisfied that the applicant would have

had sufficient cause for action if the motor vehicle had been identified, the order is granted and action against the Registrar for payment of damages follows the normal procedure. In cases of this kind, the victim must notify the Registrar of his intention to sue no later than ten months after the accident.

The law stipulates that no payment may be made from the Fund to a non-resident of Ontario unless the jurisdiction in which the creditor lives provides substantially similar recourse to Ontario people who might become involved in accidents in that jurisdiction. Certain other jurisdictions have unsatisfied judgment funds similar to Ontario's, but make maximum payments from their funds which are less than the maximum payments available from the Ontario Fund. At its current Session, the Legislature has changed this anomalous situation by requiring that any payment from the Fund to a non-resident will not exceed the maximum payment available from the fund in the non-resident's home jurisdiction.

At the present time, every motor vehicle operator or chauffeur pays a \$1.00 fee to the Unsatisfied Judgment Fund when he obtains his license to drive and every uninsured vehicle owner pays an additional fee of \$5.00 when he registers his vehicle. Despite certain representations made to it, the Committee does not look upon the \$1.00 fee from drivers as unfair since it gives them a measure of insurance against damage caused by uninsured motorists, whether registered in Ontario or from outside the Province, by hit-and-run vehicles and by stolen cars.

The additional fee of \$5.00 payable by the uninsured owner has been levied since 1958 in order to help defray the additional cost of the improvements made in the Fund since that time. Some uninsured motorists may consider the \$5.00 fee to be the equivalent to an insurance premium, but in actual fact it gives them absolutely no protection. If an uninsured motorist causes an accident, and payment is made on his behalf out of the Fund, he must repay the Fund and he may be in debt to it for the rest of his life.

The \$5.00 fee has undoubtedly served to convince a substantial number of motorists that they should go out and buy insurance. In 1957, prior to the imposition of the fee, it is estimated that only 78 per cent of the vehicles registered in Ontario were insured. Today the number exceeds 91 per cent.

Seven other provinces operate unsatisfied judgment funds with procedures and regulations similar to those existing in Ontario prior to 1958. In Nova Scotia and Newfoundland, the funds are administered by corporations established by the private insurance companies transacting business in those provinces and are financed by the insurance companies themselves. Some provinces do not provide payment for property damage and others impose a deductible ranging up to \$250 on property damage.

In the United States, North Dakota operates a fund similar to the pre-1958 Ontario fund, while New Jersey and Maryland have created funds which emphasize settlement and employ the facilities of the private insurance companies to investigate and settle claims.

New Jersey Unsatisfied Claim and Judgment Fund

New Jersey's fund was established in 1955 and is administered by a board composed of the Director of Motor Vehicles, the Commissioner of Banking and Insurance and four representatives from the various types of insurance companies operating in the State.

When a person is involved in an accident, he must, within 90 days, give notice to the board of his intention to make a claim, if he believes he may be unable to collect from an uninsured, negligent party. This notice sets forth the particulars of the accident. Upon its receipt, the board refers it to an insurance company for investigation. Investigations are assigned to the insurance companies on a pro rata basis in relation to their premium income. The insurance company handles the case in the same way it would deal with a claim filed against a person for whom it was providing third party liability insurance coverage.

Following investigation, a company may settle a claim up to \$2,500 with the approval of the Director of Motor Vehicles and one other member of the board. Claims up to \$5,000 may be settled by a company with the approval of the full board. However, settlements can only be made with the consent of the defendant and providing he has undertaken to repay the fund any sum disbursed on his behalf. If he fails to repay, his driving privilege is withdrawn. Maximum payments from the fund are \$10,000 and \$20,000, with \$5,000 for property damage claims over \$100.

Where a motorist is involved in an accident and the defendant does not enter an appearance in the subsequent action, notice is also given to the board and the case is referred to an insurance company for investigation and defence or settlement. Claims arising out of hit-and-run accidents are brought against the Director of Motor Vehicles. Property damage hit-and-run claims are not entertained.

There is provision, of course, for a complainant to take action in court against a negligent motorist and then to obtain payment from the fund if it is discovered that the negligent party is uninsured or is unable to indemnify his victims. During the fiscal year 1959-60, the New Jersey fund paid out a total of \$1,551,000, of which \$745,000 was disbursed by way of settlements. Payments from the fund must be authorized by court orders, but this is a formality where a settlement has been agreed upon. In order to encourage people to become insured voluntarily, the fund makes no payment to an uninsured, non-negligent motorist who is involved in an accident.

The New Jersey fund is maintained by a \$15 fee levied on every uninsured owner when he registers his motor vehicle. In addition, if required, the insurance industry is liable to pay an assessment of half of one per cent of its third party liability and property damage net direct premium volume.

The major difference between the Ontario fund and the New Jersey fund is the fact that a New Jersey claim can be settled more quickly without the necessity of taking certain legal steps. Should the Committee decide to recommend the retention of Ontario's present arrangements, including the Unsatisfied Judgment Fund, it would give very serious consideration to the possibility of coupling with that recommendation suggestions for changes in the fund along the lines of many of the features embodied in the New Jersey fund.

PART F

Assigned Risk Plans

Ontario Automobile Assigned Risk Plan

The Ontario Automobile Assigned Risk Plan was created by the automobile insurance companies of the Province to provide a source of public liability insurance for persons who, for various reasons, are deemed to be abnormal risks and consequently cannot obtain insurance directly from the companies. The Plan has no statutory basis in Ontario. Membership is voluntary, but, in fact, all the insurance companies licensed to do third party liability business in the Province participate in it at the present time.

Applicants to the plan are usually older drivers, drivers under 25 and persons whose records indicate that they are abnormal risks. In the latter category are people who, because of a conviction or involvement in an accident, are required to show proof of financial responsibility before they can regain their driving privilege.

When a person who has been refused insurance by one of the regular companies applies to the plan, and if he is accepted, his application is assigned to one of the participating companies, which will then write and issue the insurance policy. Assignments are made to the various companies by the officers of the plan in a definite sequence and in the same proportion which each company's premium income bears to the total premium income of all the participating companies. Administration expenses of the plan are shared by the companies on the same basis. The applicant who has been turned away by the plan may appeal to the board of governors, whose decision is final. A company which desires to avoid a particular assignment may also appeal to the board of governors.

The eligibility rules of the plan are stringent. An applicant will be rejected if, within two years of the date of his application, he has been convicted more than once of a Highway Traffic Act offence arising out of any accident; any offence, the penalty for which results in the suspension of his driving privilege; careless driving; a criminal offence. Coverage will also be refused if an applicant is apparently engaged in an illegal enterprise as evidenced by two or more non-motor vehicle convictions during the immediate two-year period; if an applicant has failed to pay an automobile insurance premium during the previous year; if an applicant has already been rejected by the plan within the previous year. Beyond all these regulations, the plan can turn down any applicant if it believes insuring him would be contrary to the public interest. No clear description of the individual who might fall into this category was given to the Committee.

An applicant will be granted coverage up to the limits of \$25,000/\$50,000 and \$5,000 only if he has held a driver's license for at least three years, has not been at fault in an accident for three years, has not been convicted of any traffic violation for three years and has no other unfavourable record. An applicant who cannot make the grade on these requirements, but is otherwise eligible, is restricted to the basic \$10,000/\$20,000 and \$5,000 coverages.

In setting the premium to be paid by each applicant, the plan takes into account the applicant's previous driving record and surcharges him accordingly. For example, an applicant will be required to pay an additional charge, on top of his regular premium, of 25 per cent of the regular premium for every accident in the previous three years, 100 per cent for every criminal conviction, 50 per cent for careless driving and five per cent for every minor traffic offence.

New York Assigned Risk Plan

The insurance companies of New York State (and of most other states in the U.S.A.) have established an Assigned Risk Plan which, in broad outline, is similar to Ontario's.

The rules of the New York Plan are not, however, as restrictive as those applied in Ontario. In New York, an applicant will be denied insurance if:

1. he is engaged in an illegal enterprise or has been convicted of a felony in the preceding 36 months or has been convicted of two or more non-motor vehicle offences in the preceding 36 months;
2. he has been convicted or has forfeited bail more than once in the preceding 36 months for such offences as driving while drunk or under the influence of drugs; failing to stop and report an accident; homicide or assault arising out of the use of a motor vehicle; speeding where personal injury or property damage results; reckless driving where personal injury or property damage results; driving while under suspension; permitting an unlicensed person to drive;
3. he has failed to pay insurance premiums in the preceding 12 months;
4. he is subject to epilepsy;
5. his automobile is in such bad condition that it is a public danger;
6. he has disabilities and cannot satisfy two doctors that he is a safe risk.

An eligible application is immediately assigned to an insurance company on much the same basis as operates in Ontario. The company must immediately and automatically insure the applicant. Then the applicant is investigated and either accepted or rejected, but in the meantime he has been insured. The plan provides for an appeal, by an applicant who has been denied insurance or by an insured whose coverage has been cancelled, to the governing committee of the plan and, if necessary, to the State Superintendent of Insurance, whose ruling is final. A company may also appeal to the Commissioner of Motor Vehicles against the licensing of any motorist.

Insurance from the New York Assigned Risk Plan is much less costly than from the Ontario plan. (On the other hand, the New York plan has been operating at a considerable loss to the companies.) The New York plan surcharges applicants to the extent of 25 per cent of the normal premium for being previously involved in certain accident situations and 35 per cent for being involved more than once in such accidents and convictions.

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In connection with the Ontario plan, there was considerable discussion between the members of the Committee and spokesmen for the plan on the subject of the eligibility rules and surcharges. The Committee felt that the plan was sometimes unduly hard on individuals and in some cases actually holds power to decide who shall drive and who shall not. It was pointed out that there have been a number of instances where the Department of Transport has decided that a person is qualified to drive, provided he can show proof of financial responsibility. When such a person has gone to the Assigned Risk Plan for the necessary financial responsibility, he has been turned down, with the result that he has continued to be barred from the road.

It was also pointed out that a person who had made the mistake of going through a stop sign twice within two years, and was involved in an accident in each case, would be automatically ineligible for insurance under the Assigned Risk Plan until at least two years from the date of the first offence.

Representatives of the plan, on the other hand, asserted that the authorities should be more strict in the licensing of individuals who are required to show proof of financial responsibility and should keep more people off the road for longer periods of time. Finally, the spokesmen for the plan assured the Committee that they would be willing to sell insurance to anybody licensed by the Transport Department, provided they were given the right to appeal to an impartial review board against the licensing of any individual they felt should not be on the road.

The Committee believes that if the present indemnification system is retained in Ontario, serious consideration will have to be given to placing the plan on a statutory basis, subject to the close scrutiny of the Superintendent of Insurance, as is the case in New York State and in most other American jurisdictions. Moreover, the public interest may well require governmental supervision of the plan's rate classifications, rating schedules, rates, rules and regulations. It may also be desirable to provide for the creation of a board of appeal to adjudicate appeals from applicants who have been refused insurance and from insurance companies to which unwanted risks have been assigned.

APPENDIX A

List of Persons Who Assisted the Committee

Ontario

Mr. Roy Whitehead, Superintendent of Insurance
Mr. John Edward, Casualty Actuary, Department of Insurance
Mr. Eric Silk, Assistant Deputy Attorney-General
Dr. F. A. Evis, Medico-Legal Consultant, Ontario Hospital Services Commission
Mr. H. R. Holden, Ontario Hospital Services Commission

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Mr. E. H. S. Piper, General Manager and Counsel, All Canada Insurance Federation
Mr. L. A. W. Smith, Deputy Chairman, Ontario Automobile Assigned Risk Plan
Mr. Norman Chandler, Manager, Ontario Automobile Assigned Risk Plan
Mr. Mark Ashley, State Farm Insurance Company
Mr. F. C. Smart, Automobile Committee, All Canada Insurance Federation
Mr. Herbert Whittick, Automobile Committee, All Canada Insurance Federation

Massachusetts

Honourable Clement A. Riley, Registrar of Motor Vehicles
Honourable Otis M. Whitney, Commissioner of Insurance
Mr. Gerald McDonald, Senior Actuary, Insurance Department
Mr. John L. O'Connor, Association of Casualty and Surety Companies of
Massachusetts

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Mr. Robert S. Kretschmar, Executive Secretary, Massachusetts Division,
American Automobile Association
Mr. Frank W. Grinnell, Editor, Massachusetts Bar Review
Mr. Stanley B. Milton, Massachusetts Bar Association
Mr. Samuel P. Sears, Massachusetts Bar Association
Mr. J. Newton Esdaille, Massachusetts Bar Association
Mr. Raymond Barrett, Massachusetts Bar Association

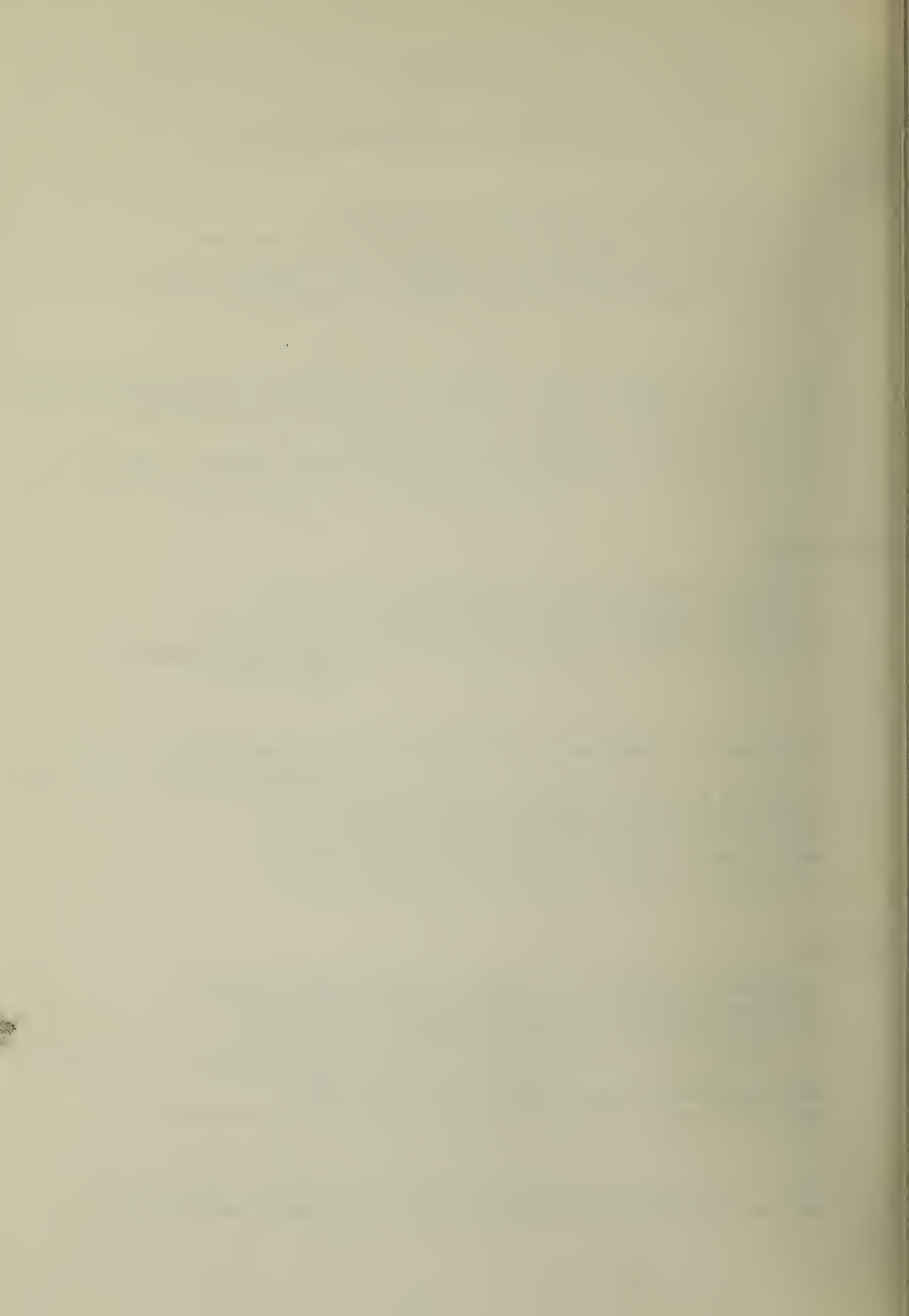
New York

Honourable William S. Hults, Commissioner of Motor Vehicles
Mr. Arnold Wise, Solicitor, Motor Vehicles Department
Mr. Richard Birrell, Director, Financial Security Law
Mr. Thomas O'Boyle, General-Manager, Motor Vehicle Accident Indemnification
Corporation
Mr. Peter Ward, Counsel, Department of Insurance
Mr. T. R. Ayervais, Assistant Counsel, Department of Insurance

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Mr. J. R. Crossley, Vice-President, Automobile Club of New York
Mr. Charles E. Powers, Secretary, New York Automobile Association

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Mr. Dewey Dorsett, General-Manager, Association of Casualty and Surety Companies
Mr. Richard Wagner, Assistant General-Manager
Mr. Burton L. Youngman, Administrative Assistant
Mr. Roy Alexander, Counsel, Association of Casualty and Surety Companies
Mr. Marcus Abrahamson, Counsel, Association of Casualty and Surety Companies
Mr. Joseph DeMelio, National Bureau of Casualty Underwriters
Mr. Milton Anstey, National Automobile Underwriters' Association

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Mr. J. R. Wood, Assistant Manager, New York Automobile Assigned Risk Plan

New Jersey

Honourable Charles Howells, Commissioner of Banking and Insurance
Mr. Ned J. Parsekian, Registrar of Motor Vehicles
Mr. W. L. Bambrick, Manager, Unsatisfied Claim and Judgment Fund Board
Mr. Ted Botter, Deputy Attorney-General
Mr. Paul Molnar, Special Assistant, Department of Banking and Insurance
Mr. Roy C. McCullough, Lumbermen's Mutual Casualty Company
Mr. Fred Gassert Jr., Allstate Insurance Company

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Mr. Ken Schultze) representing the
Mr. W. H. Hollritts) New Jersey Branch
Mr. Frank Quinn) of the American
Mr. Thomas Swick) Automobile Association

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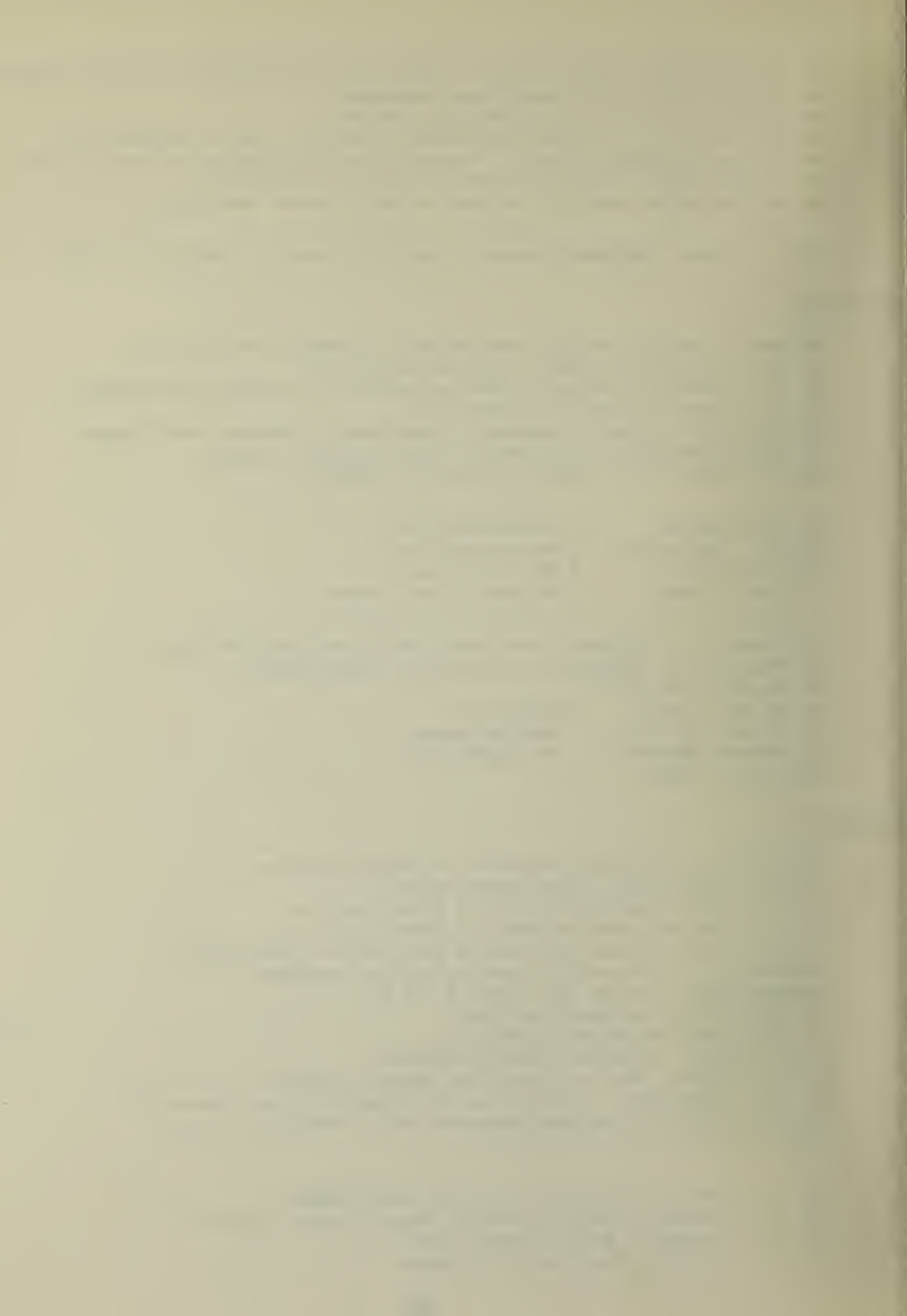
Mr. Theodore J. Lebreque, President, New Jersey Bar Association
Dr. Emma Dillon, Secretary, New Jersey Bar Association
Mr. George E. Meredith)
Mr. Warren Wilentz) Members of
Mr. Kenneth Daws Sr.) the New Jersey
Mr. Herbert Greenstone) Bar Association
Mr. John H. Yauch)

Manitoba

Honourable J. B. Carroll, Minister of Public Utilities
Mr. G. S. Rutherford, Legislative Counsel
Mr. L. N. Rock, Deputy Registrar of Motor Vehicles
Mr. F. A. Swaine, Superintendent of Insurance
Mr. W. B. Scarth, MLA, representing Manitoba Bar Association
Inspector R. J. Montgomery, Winnipeg Police Department
Superintendent J. A. A. Thivierge, R.C.M.P.
Mr. M. R. Ivey, Assigned Risk Plan
Mr. P. Dygala, Motor Vehicle Branch
Mr. T. B. Ross, Canadian Indemnity Company
Mr. A. W. Welsh, Norwich Union Fire Insurance Company
Mr. B. V. Richardson, representing All Canada Insurance Federation
Mr. M. C. Holden, President, Wawanesa Mutual Insurance Company
Mr. F. D. Allen, Crown Attorney

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Mr. C. G. Carter, President, Manitoba Motor League
Mr. A. C. Emmett, Secretary Manager, Manitoba Motor League
Mr. F. B. Furgeson, Manitoba Motor League
Mr. R. R. Goodwin, Manitoba Motor League



Saskatchewan

Mr. O. W. Valleau, Vice-Chairman, Saskatchewan Government Insurance Office
Mr. H. L. Hammond, General-Manager, Saskatchewan Government Insurance Office
Mr. R. B. Blackburn, Secretary, Saskatchewan Government Insurance Office
Mr. L. M. Mackay, Assistant Secretary, Saskatchewan Government Insurance Office
Mr. Holmes, Deputy Minister of Highways
Mr. J. A. Christie, Chairman, Highway Traffic Board

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Mr. W. Elliott, Saskatchewan Motor Club
Mr. M. V. Lawrence, General Manager, Saskatchewan Motor Club

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Mr. Clare Thacker) Representing private
Mr. Douglas Scrivener) insurers in the
Mr. Frank Taplin) Province of Saskatchewan

Alberta

Honourable Gordon Taylor, Minister of Highways
Mr. John E. Hart, Solicitor, Attorney-General's Department
Mr. Horace Clark, Chairman, Highway Traffic Board
Mr. Russell Tate, Deputy Registrar of Motor Vehicles
Mr. M. H. Fisher, Deputy Superintendent of Insurance
Mr. William Smith, Motor Vehicle Branch

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Mr. C. W. Clement, Alberta Bar Association
Mr. A. F. Moir, Alberta Bar Association
Mr. F. Walker Blake, Provincial Secretary, Alberta Motor Association

APPENDIX B

As a result of published advertisements, the Committee received representations from the following:

All Canada Insurance Federation
Board of Trade of Metropolitan Toronto
Canadian Manufacturers' Association, Ontario Division
Co-operative Commonwealth Federation, Ontario Section
Hamilton Automobile Club
Hamilton Independent Insurance Agents' Association
Walter C. Lackey, Ottawa
R. H. McKenzie, Azilda, Ontario
Ontario Chamber of Commerce
Ontario Farmers' Union
Ontario Insurance Agents' Association
Werner Schmeisky, Willowdale, Ontario
Toronto Insurance Buyers' Association
Toronto Insurance Conference

In addition, the Committee studied the viewpoints expressed by a number of individuals and groups in correspondence with the Department of Transport and other agencies of the Government over the last two or three years.

